

No. 2
-1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36571

State File No.

8800

DEC 22 1941 791

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

- (a) County _____
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one Month
In this community 45 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Luis Feco

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Jan, 17 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Policastro Italy
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

- MOTHER FATHER { 12. Name Joseph Feco
13. Birthplace Policastro Italy
(City, town, or county) (State or foreign country)
14. Maiden name Mary (Unknown)
15. Birthplace Policastro Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Jose Feco
(b) Address 5433 Esenerve

17. (a) Burial (b) Date thereof Nov. 7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director P. Nichi-Son
(b) Address 1150 N. Kingshighway

19. (a) NOV 6 1941 (b) J. J. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1626 Clara
(If rural, give location)
(e) Citizen of foreign country? 45 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 4
year 41 hour 10 minute 45 A M.

21. I hereby certify that I attended the deceased from 10-6-41
to 11-4 1941
that I last saw him alive on 11-4 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Chronic Nephritis

Duration

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) Means of injury _____

23. Signature M. K. Johnson (M.D. or other) _____
Address 1513 Lafayette Ave Date signed 11-4-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Guy W. Wilkinson

Licensed Embalmer No.....

3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.